### **SAMPLE FORM E**

# ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

## ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS - INSTRUCTIONS

This form is the order from the court either granting or denying your request to waive fees. The court fills out most of this form. The only parts you will fill out are the caption and entries 1-3. [Note: The Court of Appeal can only waive the Court of Appeal filing fee of \$655.00.] Submit this form to the court along with your Application for Waiver of Court Fees and Costs.

The form is also available online in Adobe Acrobat PDF format and may be filled out electronically for free at <a href="http://www.courtinfo.ca.gov/cgi-bin/forms.cgi">http://www.courtinfo.ca.gov/cgi-bin/forms.cgi</a>. Select "General Legal" forms, then click on Form 982(a)(18).

#### Filling out the Order on Application for Waiver of Court Fees and Costs form:

#### **Caption**

- (1) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.
- (2) In the next box down, specify the Superior Court, address, and branch name of the court that made the order or judgment you are appealing.
- (3) In the next box down marked "PLAINTIFF/PETITIONER" and "DEFENDANT/RESPONDENT" fill out the plaintiff's name and defendant's name as they appear in the Superior Court case caption.
- (4) In the "CASE NUMBER:" box immediately to the right of the preprinted caption "ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS", write the Superior Court case number for your case, and the Court of Appeal number if you have one.

#### **Entries 1-3**

- Entry 1. Indicate the date that your Application for Waiver of Court Fees and Costs was filed with the court. Check the box if there was a previous fee waiver order, and indicate the date it was issued.
- Entry 2. Print your name.
- Entry 3. Check the box next to entry 3 and the box indicating the application is granted "in whole." If you cannot afford to pay any court fees and costs, check box 3a. Otherwise, check box 3b and indicate what fees and costs you are asking to have waived. If you are asking that the reporter's transcript fees be waived, check box (9) "Other" and write in "Reporter's transcript fees". [Please note: Number (7) "Reporter's Fees (valid for 60 days)" covers only that portion of the fees for taking the notes in the courtroom. This will not get you a waiver of the reporter's transcript fees.]

	302(u)(10)
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
_	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/ PETITIONER:	
	CAOE NUMBER:
DEFENDANT/ RESPONDENT:	CASE NUMBER:
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	
	vas issued on (date):
2. The application was filed by (name):	(a amountate them. A.L. L. )
	(complete item 4 below).
a. No payments. Payment of all the fees and costs listed in California Rules	
b. The applicant shall pay all the fees and costs listed in California Rules of	-
(1)	nd marshal fees.
	's fees* (valid for 60 days).
	ne appearance (Gov. Code, § 68070.1(c))
	pecify code section):
(5 Court-appointed interpreter.	0   00 00047 00040   170405
Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov.	
c. <b>Method of payment</b> . The applicant shall pay all the fees and costs when charge	
	per month or more until the balance is paid.
d. The clerk of the court, county financial officer, or appropriate county officer is aut	
before and be examined by the court no sooner than four months from the date of	
four-month period The applicant is ordered to appear in this court as follown Date: Time: Dept.:	Div.: Room:
e The clerk is directed to mail a copy of this order only to the applicant's atte	
<ol> <li>All unpaid fees and costs shall be deemed to be taxable costs if the applic lien on any judgment recovered by the applicant and shall be paid directly</li> </ol>	
upon such recovery.	to the elem by the judgment debie.
4. IT IS ORDERED that the application is <b>denied</b> in whole in part for the	ne following reasons (see Cal. Rules
of Court, rule 985 ):	to tollowing roudone (ode call riales
a. Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6	6)(B); form 982(a)(17)(A)).
b. Other (Complete line 4b on page 2).	
c. The applicant shall pay any fees and costs due in this action within 10 days from	the date of service of this order or any
paper filed by the applicant with the clerk will be of no effect.	·
d. The clerk is directed to mail a copy of this order to all parties who have appeared	d in this action.
5. IT IS ORDERED that a <b>hearing</b> be held.	
a. The substantial evidentiary conflict to be resolved by the hearing is (specify):	
b. The applicant should appear in this court at the following hearing to help resolve	the conflict:
Date: Time: Dept.:	Div.: Room:
c. The address of the court is (specify):	
Same as above	
d. The clerk is directed to mail a copy of this order only to the applicant's attorney of	or to the applicant if not represented.
NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing the order or deny the application without considering information the applicant want	ng, the court may revoke or change
WARNING: The applicant must immediately tell the court if he or she becomes able t action. The applicant may be ordered to appear in court and answer questions about	o pay court fees or costs during this
Date:	11 113 113 113 113 113 113 113 113
Clerk, by	. Deputy

JUDICIAL OFFICER

Page 1 of 2

PLAINTIFF/PETITIONI	ER (Name):		CASE NUMBER:	
DEFENDANT/RESPONDE	NT <i>(Name):</i>			
4b Application is d	enied in whole or in part <i>(speci</i>	ify reasons):		
	F (-)	,		
	CLERK'S	CERTIFICATE OF MAILING		
I certity that I am not a party envelope addressed as sho	to this cause and that a true c wn below, and that the mailing	copy of the foregoing was mailed fir of the foregoing and execution of t	st class, postage prepaid, in a seal his certificate occurred at	ed
(place):	,	5 0	, California,	
on (date):				
		Clerk, by		, Deputy
		1 1		ı
		1 1		ı
(SEAL)	]			
		CLERK'S CERTIFIC	CATE	
	I certify that the f	foregoing is a true and correct copy	y of the original on file in my office.	
	Date:	Clerk, by		Deputy
		, <b>,</b>	,	, = 0,000,
	J			